

**Corporation for National and Community Service
VISTA HEALTH BENEFITS
QUESTIONS & ANSWERS**

- 1. Does the Combined Synopsis/Solicitation under solicitation number CNSHQ14R0013 contain requirements similar to a current contract? If possible, please provide the current contract number. Or, is this a new requirement for the government?**

This is a new requirement for the government with two very distinct plan components: a supplemental healthcare reimbursement plan (for those legally requirement to have compliant coverage) and a self-funded, basic health benefits plan (for those members exempt from having compliant coverage. Currently, AmeriCorps VISTA Healthcare Benefits are supported through CNCSHQ13C0001.

- 2. Are you able to advise if there is an incumbent contractor?**

The incumbent for the current VISTA Healthcare Benefits Administration is Seven Corners, Inc.; contract information is available publicly should it be required.

- 3. After 2014, when there is no longer an exemption for AmeriCorps members from the ACA, does CNCS plan to close the self-funded plan to new enrollment at the end of the 1/1/15 – 12/31/15 policy period?**

No, both components of the plan will remain.

- 4. If the self-funded plan is not eliminated, has CNCS projected estimates of enrollees on the self-funded plan for January 2016 and beyond in light of the limited categories of citizens that are legally exempt from ACA compliance?**

See questions 3 and 5.

- 5. Do you have a projection of how many corps members will remain on the self-funded plan for policy year 2015?**

AmeriCorps VISTA members enter the program with diverse and unpredictable backgrounds, circumstances and family situations that can change over the course of a service term (and are likely to be unknown to CNCS), making it a challenge to forecast need and usage of the self-funded plan (for those who are exempt). While a projection is difficult to provide, we can provide some data for reference. Historically, CNCS has not required AmeriCorps VISTA Members to submit documentation on their other healthcare coverage, only requiring it when a claim is received for a member utilizing the benefit. Over the past year, CNCS has been diligent about requiring other healthcare coverage information leading to increased data on member's healthcare coverage.

For more information on data surrounding VISTA member healthcare coverage, please see attachment: VISTA COB Data through June 2014.

Please note that this information includes unknowns for those members we do not have other healthcare coverage information on.

6. Is the expectation that the supplemental reimbursement program benefit will be pre-tax or post-tax?

Pre-tax.

7. If the reimbursement is considered income and taxable, does CNCS concur that payments under this arrangement may affect the given member's eligibility for a subsidy and could potentially require reconciliation on the member's subsequent tax filing?

It is anticipated and expected that a high percentage of overall claims shall be paid directly to medical providers on behalf of members in accordance with the AmeriCorps Health Benefits Plan Design. The tax treatment for reimbursement payments made directly to members for covered healthcare expenses is within the jurisdiction of the IRS.

VISTA members earn a small living allowance and most live at the poverty level during their term of service which can make the experience of obtaining healthcare coverage and covering the costs of healthcare premiums, co-pays, and deductibles, a challenge and financial burden. The intent of this health benefits program is to alleviate whenever possible, the financial burden placed on members in covering costs associated with essential benefits coverage. All efforts shall be made to preclude members from having to pay covered medical claims (or cost-sharing of those covered medical claims) by facilitating payment directly to providers through Coordination of Benefits.

8. Is CNCS aware of any rules, regulations or underwriting requirements from either the public exchange marketplaces, or insurance contracts sold through them, that would preclude third-party reimbursement of an individual's cost sharing requirements?

CNCS is not aware of any rules, regulations or underwriting requirements that would preclude third-party reimbursement of an individual's cost sharing requirements.

9. Can you please share with us the estimated award date of this contract?

Estimated award date is the last week of September 2014.

10. What is the estimated award date of the contract?

See question 9.

11. Why are the administrative services for the AmeriCorps VISTA program going out to bid at this time?

We are unsure what this question is asking as the administrative services and background of this requirement are outlined in detail in this RFP.

12. Will you please provide a list of the specific online services (available through the administrator's website) that need to be accessible through the mobile platform?

Services available through the administrator's website should also be accessible through the mobile platform; website requirements are outlined in the RFP.

13. What types of mobile platforms do you require or will be approved by CNCS?

The proposed technical solution and/or type of mobile platform will need to be approved by CNCS however at this time CNCS is not prescribing a particular mobile platform. Both the website and mobile platform must meet the customer needs and security requirements outlined in this RFP as well as meet 508 compliance standards (for specific information on 508 compliance, please refer to www.section508.gov).

14. Please provide clarification on item 3.b on page 17 of the RFP (COB Processing). Is the requirement of the RFP that a COB form (paper) be automatically generated and sent to the member? In referring to “automatically process claims involving coordination of benefits” is this requirement that the administrator use the information collected from the member to process the COB with the alternate insurance carrier (or Medicare, Medicaid, Tricare)?

The expectation is that the vendor will collect, manage, and maintain COB data for all incoming/active members and utilize that data to coordinate benefits (process COB with alternate insurance carriers if they exist for a member) for all received claims. Specific details pertaining to the methods and procedures around COB collection and the extent automation is used shall be proposed by the vendor, however at a minimum the COB should be available via a fillable form and collected/processed electronically (and meet all other requirements as outlined in this RFP).

15. Will you please provide claims data for the current year and past three years showing the number of claims over \$7,500?

In addition to the general claims data provided in the RFP in section C.9 Claims History and Member Demographics, please see the following attachments for additional medical claims data:

- FY2011 VISTA Claims Data
- FY2012 VISTA Claims Data
- FY2013 VISTA Claims Data

Please note that this information is reflective of claims data based on the historical and current VISTA Health Benefits Plan; the requirements outlined in this RFP differ from the historical/current plan being offered to VISTA members; in addition, claims data provided here reflects a diverse group of members both with and without alternative healthcare options (see question 5 for more information).

16. Will you please provide de-identified, per person claims data for the past three years plus current?

Please see question 15 for the historical claims information being provided.

17. In regards to pricing, should RFP responders provide estimate costs per the categories listed as Direct and Other Direct Costs (ODC), then invoice VISTA for actual costs if awarded the bid and as services are rendered? Or is the pricing provided in the RFP response the amount the responder is agreeing to accept for services rendered, regardless of actual/direct costs incurred?

The pricing provided in the RFP response is the amount the responder is agreeing to accept for services rendered, regardless of actual/direct costs incurred.

18. Due to the complexity of the program requirements set forth in the Statement of Work in the CNCS RFP Number CNSHQ14R0013, Seven Corners is requesting an extension of the proposal due date from August 15th to August 29th.

An extension to August 22, 2014, 2:00 pm EST will be granted.

19. Could beneficiaries be removed from the program based on CNCS's appropriation from Congress? Pg. 10 C.2 – RFP

The actual number of members is dependent on CNCS's appropriation from Congress however on average 5,500 AmeriCorps VISTA members serve per month. Section C.9 Claims History and Member Demographics in the RFP provides historical data for reference.

20. Given ACA changes, what is the likely number of members who will continue to use this coverage? If a significant reduction possible? Pg. 11 – RFP

All active VISTA members are eligible and will continue to remain eligible for the AmeriCorps VISTA health benefit regardless of ACA changes. Information (to include challenges) predicting the components of the program that members will access or the percentages of members requiring the self-funded plan vs. healthcare reimbursement portion of the program has been addressed throughout the RFP and the Q & A here.

21. Are there specific retail pharmacy access standards you require? Pg. 24 C.8.6 – RFP

In addition to mail-order options, member access to retail pharmacy shall be reflective of the same requirements under network access: at least 90% of all members will have access to at least one retail pharmacy within 10 miles of an urban area and at least 75% of all members will have access to at least one retail pharmacy within 30 miles of a rural area.

22. To help us provide the most aggressive pharmacy program pricing and make appropriate recommendations, please provide an electronic claims detail file with at least one year of utilization data with the following data elements for each claim:

- NDC
- Date of service
- Metric quantity
- Days supply
- NCPDP of dispensing pharmacy
- [Optional] encrypted member ID

If you do not have a year of data available, please provide what claims data you have. If no electronic file is available, please provide summary reporting showing number of scripts, number of members, number of utilizing members, costs, top drugs and classes, etc. Pg. 24 C.8.6 – Prescription Drugs

Please see attachment FY2013 VISTA Pharmacy Data. Please note that this information is reflective of claims data based on the historical and current VISTA Health Benefits Plan; the requirements outlined in this RFP differ from the historical/current plan being offered to VISTA members; in addition, claims data provided here reflects a diverse group of members both with and without alternative healthcare options (see question 5 for more information).

23. Does this mean pharmacy dispensing for maintenance medicines used prior to joining this benefit plan will no longer be covered? If so, by what mechanism will the contractor be informed of a pre-existing condition? Pg. 24 C.8.7 – Pre-existing conditions

Pharmacy benefits for the self-funded plan are not necessarily subjected to the pre-existing conditions exclusions; most prescription drugs will be covered under the program. At the time of award, a list of those NOT currently covered will be provided. For information on current prescription exclusions, please see the current Health Benefits Guide attachment.

It is the responsibility of the vendor to gather medical information necessary to determine if a medical condition is pre-existing as outline in the RFP; see RFP pg. 18, C.5.D, and pg. 19, C.7 for some (though not all) specific references.

24. Who other than CNCS has audit rights over contractor/subcontractor compliance with security requirements? Pg. 38 H.6 - Security and Privacy / Pg. 42 - System Security Requirements (H):

The Department of Homeland Security (DHS) for cybersecurity and Office of Management and Budget (OMB) for FISMA are external agencies that have security compliance requirements that are reviewed on a periodic and annual basis.

25. Please confirm that CNCS will provide Wage Determinations for places of performance per requirements of the Service Contract Act. Pg. 50 - I.1 Clauses Incorporated by Reference. Vendor must provide labor category for CNCS to verify minimum wage rates under Department of Labor.

26. Can you tell who might not be eligible under PPACA that would be a VISTA volunteer (see page 24)?

See questions 5 and 20.

27. Can you tell me what the NACI background investigation is for our employees (see page 38)?

As stated in the RFP, 'Prior to gaining access to CNCS's information or information systems, to include contractor owned or operated systems, individuals must have at a

minimum, a completed National Agency Check and Inquiries (NACI) or a Public Trust Minimum Background Investigation (MBI). These investigations are conducted by the US Office of Personnel Management under government-wide standards. The MBI is required for individuals who will access PII and those individuals with privileged access (e.g., network administrators, system administrators, database administrators, etc.) that could include access to PII.'

It is anticipated that most contractors supporting work under this contract will have access to sensitive information (specifically, AmeriCorps VISTA Member PII) on a daily basis, and therefore will require a Public Trust Minimum Background Investigation (MBI). More information can be found by reviewing the [CNCS Information Assurance Program](#).

A National Agency Check and Inquiries (NACI) is a review of FBI databases for both a name check and a fingerprint check; an OPM SII which is a Security and Investigations Index check; a DCII which is a Defense Clearance and Investigative Index check; and written inquiries to current and past employers, schools, references and local law enforcement agencies covering the last five years.

This clearance check is required for a person to conduct standard processing on any CNCS Information System in the category of Low and work with limited access to Information classified as PII (Personally Identifiable Information).

A Minimum Background Investigation (MBI) is a more detailed background check, which includes the components of the NACI, as well as a Credit Check, personal interview, and inquiries to employers, schools, and references going back 7 years. This clearance is required for a person to conduct processing on a CNCS Information System in the category of Moderate and below.

It is required for those with agency management responsibilities and those with elevated system or application privilege, such as administrative rights, on any Information Systems in the category of Low to Moderate. In addition, it is needed for those who work fully with Information classified as PII (Personally Identifiable Information) or sensitive.

For more information on background investigations, please see:
<http://www.opm.gov/investigations/background-investigations/>